

INTEGRATED HEALTH PROJECT IN BURUNDI (IHPB)

Contract Number: AID-623-C-14-00001

Quarterly Report

APRIL 1 – JUNE 30, 2014

(SECOND PROJECT QUARTER)

Submitted by:

FHI 360 and its partners

Submission date: July 31, 2014

Approved by USAID: _____



IHPB

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Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ABUBEF	Association Burundaise pour le Bien Etre Familial
ACTs	Artemisinin-based Combination Therapy
ADBC	Agent Distributeur à Base Communautaire (Community Based Distributors of Contraceptives)
ANC	Antenatal Care
ANSS	Association Nationale de Soutien aux Séropositifs et aux Sidéens
ART	Anti-Retroviral Therapy
BCC	Behavior Change Communication
BDS	Bureau du District Sanitaire (District Health Bureau)
BMCHP	Burundi Maternal and Child Health Project
BPS	Bureau Provincial de Santé (Provincial Health Bureau)
CBO	Community-Based Organization
C-Change	Communication for Change
CCM	Community case management
CCT	Community Conversation Toolkit
CHW	Community Health Worker (<i>Fr.</i> APS)
COP	Chief of Party
COSA	Comité de Santé
CPR	Contraceptive Prevalence Rate
CPVV	Comité Provincial de Vérification et de Validation
CS	Capacity Strengthening
CSO	Civil Society Organization
CTN	Cellule Technique Nationale
DCOP	Deputy Chief of Party
DHE	District Health Educator
DHIS	District Health Information System
DHS	Demographic and Health Survey
DHT	District Health Team
DPSHA	Department of Health, Hygiene and Sanitation Promotion
EC	Emergency Contraception
EID	Early Infant Diagnostic
FAB	Formative Analysis and Baseline Assessment
FGD	Focus Group Discussion
FHI 360	Family Health International
FFP	Flexible Family Planning Project
FP	Family Planning
FTO	Field Technical Officer
GBV	Gender Based Violence
GOB	Government of Burundi
HBC	Home-Based Care
HH	Household
HIV	Human Immunodeficiency Virus
HPT	Health Promotion Technician
HIS	Heath Information System

HQ	Headquarters
HR	Human Resources
HRH	Human Resources for Health
HSS	Health Systems Strengthening
HTC	HIV Testing and Counselling
iCCM	Integrated Community Case Management
IDI	In-Depth Interview
IHPB	Integrated Health Project in Burundi
INGO	International Non-Governmental Organizations
IP	Implementing Partner
IPTp	Intermittent Preventive Treatment of malaria in Pregnancy
IPC	Interpersonal Communication
IRB	Institutional Review Board
ISTEEBU	Institut des Etudes Statistiques et Economiques du Burundi
ITN	Insecticide-Treated Net
Kfw	Kreditanstalt für Wiederaufbau (Établissement de crédit pour la reconstruction), Allemand (German Development Bank)
KII	Key Informant Interview
LMIS	Logistics Management Information System
LOE	Level of Effort
LOP	Life of Project
LPT	Local Partner Transition
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MPHFA	Ministry of Public Health and the Fight against AIDS
MNCH	Maternal, Neonatal and Child Health
NMCP	National Malaria Control Program
NGO	Non-Governmental Organization
OIRE	Office of International Research Ethics
OVC	Orphans and Vulnerable Children
PBF	Performance-Based Financing
PEP	Post-Exposure Prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PMEP	Performance Monitoring & Evaluation Plan
PMTCT	Prevention of Mother-to-Child Transmission
PPP	Public-Private Partnership
QA/QI	Quality Assurance/Quality Improvement
Q1	First quarter
QA	Quality Assurance
QI	Quality Improvement
RBP+	Réseau Burundais des Personnes vivant avec le VIH
RDTs	Rapid Diagnostic Test
RH	Reproductive Health
ROADS II	Roads to a Healthy Future II Project
SARA	Service Availability and Readiness Assessment
SDPs	Service delivery Points
SBC	Strategic Behavior Change
SBCC	Social and Behavior Change Communication

SCM	Supply Chain Management
SCMS	Supply Chain Management Specialist
SDA	Small Doable Action
SIAPA	System for Improved Access to Pharmaceuticals and Services
SLT	Senior Leadership Team
SOP	Standard Operating Procedure
STA	Senior Technical Advisor
STI	Sexually Transmitted Infection
STTA	Short-Term Technical Assistance
SWAA	Society for Women against AIDS in Africa
TA	Technical Assistance
TBD	To be Determined
TOR	Terms of Reference
TWG	Technical Working Group
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USG	United States Government
URC	University Research Corporation
Y1	Project Year

Introduction:

The *Integrated Health Project in Burundi* (IHPB) is a five-year project (December 23, 2013 to December 22, 2018) funded by the United States Agency for International Development (USAID). Led by Family Health International (FHI 360) as the prime contractor, the IHPB partnership includes two sub-contractors: Pathfinder International and Panagora Group. The IHPB builds on USAID's legacy of support to the health sector in Burundi and FHI 360 and Pathfinder's successes in assisting the Government of Burundi (GOB) to expand and begin to integrate essential service for: HIV/AIDS; maternal, neonatal and child health (MNCH); malaria; family planning (FP) and reproductive health (RH).

The Ministry of Public Health and Fight against AIDS (MPHFA) is a major partner that will be involved at every step, throughout the project planning and implementation. The goal of the IHPB is to assist the GOB, communities, and civil society organizations (CSOs) to improve the health status of assisted populations in 12 health districts located in the provinces of Karusi, Kayanza, Kirundo and Muyinga - with potential for expansion in up to four additional provinces in 2015. IHPB expected results are:

- 1) Increased positive behaviors at the individual and household levels;
- 2) Increased use of quality integrated health and support services; and
- 3) Strengthened health system and civil society capacity.

During the first year, IHPB is implementing activities that include: a) continuing to support essential services supported under previous USAID-supported projects; b) conducting joint formative assessments with the MPHFA in target districts; c) facilitating a participatory process to define initial integration and improvement ideas and begin implementing; d) developing an integrated SBCC strategy; e) establishing a QA/QI system; f) developing and supporting capacity strengthening plans for four CSOs; g) providing funding for Burundi's PBF scheme; and h) beginning to develop public-private partnerships.

This IHPB's 2nd Quarterly Report details program achievements during the period April 1, 2014 to June 30, 2014. Highlights include:

- Continued preparations to initiate formative and baseline assessments;
- Conducted an inventory of equipment needs of 164 health centers and 9 district hospitals;
- Signed PBF agreements to fund HIV/AIDS indicators for 12 IHPB target health districts;
- Developed the CSO Organizational and Technical Capacity Self-Assessment tool as well as a draft set of criteria and a methodology for the Local Partner Transition Program;
- Held a series of meetings with the National Malaria Control Program that culminated in obtaining a letter guaranteeing that malaria commodities (ACTs and RDTs) will be provided to support plans for starting Community Case Management (CCM) of malaria activities in Kirundo Health District, which have reached an advanced stage;
- Developed and submitted key deliverables: sustainability plan, innovation plan, revised year 1 work plan, and revised program monitoring and evaluation plan;
- Served as technical resource persons to the MPHFA and participated in key meetings organized by the MPHFA and other partners;
- Organized and participated in collaboration, coordination and partnership building meetings with the MPHFA and other partners (Annex I); and
- Benefitted from STTA provided by FHI 360's Home Office (Annex III)

Formative Analysis and Baseline Assessments

With the objective to establish a comprehensive baseline of the current situation in the 12 target districts, IHPB will analyze existing data and conduct the following six assessments: (1) *Household Survey*; (2) *Communication and Gender Assessment*; (3) *Community Services Mapping*; (4) *Service Availability and Readiness Assessment (SARA)*; (5) *Health Services Qualitative Assessment*; and (6) *BDS Capacity Diagnostics*. During the reporting quarter, IHPB:

(a) Developed protocols and data collection tools, and initiated approval process: The Household Survey; Communication and Gender Assessment; SARA; and Community Services Mapping packages were submitted to FHI 360's Office of International Research Ethics (OIRE)/Protection of Human Subjects Research Committee (PHSC) for an exemption or research determination. The Household Survey and Communication and Gender Assessment were deemed research studies involving human subjects, have been approved by PHSC, and need to continue the approval process through the National Ethics Committee and Burundi Institute of Statistics and Economic Studies (ISTEEBU). The SARA and Community Services Mapping, whose implementation is being planned now, were deemed "exempt" – that is, as non-research because they do not involve human subjects. Two other packages (5 and 6) are being finalized and will be ready for submission in the next quarter.

(b) Protocols and data collection tools translated from English to French and/or Kirundi: The following baseline assessment documents and tools were translated from English to French and/or Kirundi: (a) Communication and gender assessment protocol; (b) three SBCC focus group discussions guides (for community members, health providers, community health workers); (c) separate SBCC in-depth interview guides for female sex workers, for men who have sex with men, and key informant interview guide for NGO and INGO partners; (d) informed consent for COSA members; (e) parental informed consent form; (f) the Household Survey Protocol; and (g) the complete SARA package.

After translating the study documents, IHPB will seek approval from the Burundi Research Ethics Committee and approval (Statistical Visa) from the Burundi Institute of Statistics and Economic Studies (ISTEEBU) for household survey, communication and gender assessment and health services quality assessment.

Planned activities for the formative and baseline assessments in Q3 – July to September 2014

1. FABs implementation:

- SARA: Training data collectors, data collection, starting data analysis
- Community services mapping: training data collectors, data collection and starting data analysis
- Communication and gender assessment: Submit for review to the National Ethics Committee and to ISTEEBU, data collector training and data collection
- Household survey: Finalizing translation to Kirundi, submission for review to the National Ethics Committee and to ISTEEBU, data collector training, begin data collection
- Facility qualitative assessment: Finalizing protocol and questionnaire, translation to French, submission for review to FHI 360 OIRE and, if required, to the National Ethics Committee and ISTEEBU
- District Health Bureau diagnostic: Finalize data collection tool and begin data collection

CLIN 1: Increased Positive Behaviors at the Individual and Household Levels

Sub-CLIN 1.1: Improved key behavioral pre-determinants at the individual, household and community levels

Quarter 2 progress overview for Sub-CLIN 1.1

	Planned for Q2 (April -June)	Achievement and results	Comments
1.1.a: Develop strategic communication framework and implementation plan	1) Hold stakeholder workshop	Delayed, planned for September 2014	Qualitative data not collected
	2) Draft IHPB SBCC framework	Delayed, planned for November 2014	Contingent upon qualitative study and SBCC strategy being ready in November
	3) Discuss framework with stakeholders	Delayed, planned for November 2014	Contingent upon qualitative study and SBCC strategy being ready in November
	4) Hold workshop to revise and validate framework	Delayed, planned for December 2014	Contingent upon qualitative study and SBCC strategy being ready in November
1.1.b: Enlist and train Health Promotion Focal Points	1) Design recruitment and management plan	Completed	
	2) Write technical brief	Completed	
	3) Design training	Delayed, planned for November 2014	Action media workshop planned for August 2014
	4) Recruit trainers	Delayed, planned for November 2014	Action media workshop planned for August 2014
1.1.c. Use the Small Doable Actions approach to engage target audiences by Life Stage in taking concrete steps toward improved health	1) Review national strategies and materials	Completed	
	2) Conduct action media workshops	Delayed, planned for August 2014	Consultant not available
	3) Consult with relevant partners and organizations	Continuing, on track	
	4) Hire graphic art firm and printer	Started and on track	
1.1.d. Develop and air a radio serial drama that reinforces Interpersonal Communication and community mobilization efforts	1) Formative assessment of health behaviors	Delayed, planned for September 2014	RFP to identify firm to conduct qualitative study issued in July 2014
	2) Develop creative briefs	Delayed, planned for December 2014	Qualitative study and SBCC strategy not ready
	3) Draft story boards	Delayed, planned for December 2014	Qualitative study and SBCC strategy not ready
	4) Consult relevant partners on scope and content	Delayed, planned for January 2015	Qualitative study and SBCC strategy not ready
	5) Stakeholder meeting to present creative briefs	Delayed, planned for January 2015	Qualitative study and SBCC strategy not ready

Planned activities for Sub-CLIN 1.1 in Q3 – July to September 2014

- Conduct 3 action media workshops
- Hire research firm to conduct qualitative study and supervise qualitative survey
- Conduct pre-test of focus group discussion guide and incorporate findings

- Conduct gender assessment and training of staff
- Conduct training session for data collectors and hired research firm
- Develop RFP creative brief for trigger video on malaria

Sub-CLIN 1.2: Increased accessibility and availability of health products to individuals and households

Quarter 2 progress overview for Sub-CLIN 1.2

	Planned for Q2 (April – June)	Achievement and results	Comments
1.2.a. Build capacity in supply chain management, upgrade equipment and infrastructure, and strengthen the LMIS	1) meet with national stakeholders (Q1)	Met with SCMS, DELIVER, SIAPS, UNICEF	
	2) meet with provincial and district stakeholders	Continuing and on track	
	3) conduct supply chain mapping	Started and on track	
	4) prepare supply chain baseline tools,	On-track	
	5) begin baseline assessment	Delayed, planned for September 2014	Tools being finalized
	6) begin identifying needs for supply chain equipment procurement	Started on track	
1.2.b. Help GOB make reforms to supply chains for increased community distribution of certain commodities	1) conduct supply chain mapping for CHWs	Delayed, planned for November 2014	Upon completion of community mapping
	2) begin redesign of HBC kits	Delayed, planned for January 2015	Open discussion with other HIV/AIDS partners
	3) begin identifying gaps for CHW supply chains	Delayed, planned for November 2014	Upon completion of community mapping

Planned activities for Sub-CLIN 1.2 in Q3 – July to September 2014

- Create flow-charts of district supply chains for essential commodities
- Conduct district health system diagnostics (part of supply-side formative assessment)
- Identify and fund immediate needs for equipment and infrastructure improvements

Sub-CLIN 1.3: Strengthened support for positive gender norms and behaviors and increased access to GBV services

Quarter 2 progress overview for Sub-CLIN 1.3

	Planned for Q2 (April – June)	Achievement and results	Comments
1.3.a: Promote gender integration and transformation across project activities	1) Design gender elements of baselines	Completed	
	2) Review gender tools and activities in Burundi	Completed	
	3) Review gender documents and strategies	Completed	
1.3.b: Expand access to high quality and comprehensive services for GBV survivors	1) Design GBV components of baseline assessments	Completed	
	2) Analyze GBV-relevant FAB data	Delayed, planned for September 2014	Awaiting Burundi IRB and ISTEUBU approvals
	3) Continue and strengthen GBV services	Delayed, planned for August 2014	National and provincial trainers were not available
	4) Plan GBV service strengthening	Delayed, planned for September 2014	National and provincial trainers were not available

Additional activities:

IHPB held partnership building meetings and discussions with Engender on ways to collaborate and complement respective project activities.

Planned activities for Sub-CLIN 1.3 in Q3 – July to September 2014

- Plan GBV services strengthening
- Continue strengthening GBV services
- Analyze GBV-relevant FAB data

CLIN 2: Increased Use of Quality Integrated Health and Support Services

Sub-CLIN 2.1: Increased access to health and support services within communities

Quarter 2 progress overview for Sub-CLIN 2.1

	Planned for Q2 (April – June)	Achievement and results	Comments
2.1.a: Expand and strengthen CHWs	1) Define essential CHW skills	Started, on track	
	2) Assess current tools and training	Continuing, on track	
	3) Begin review and further clarify roles and responsibilities	Delayed, planned for August 2014	
	4) Map distribution and coverage of CHWs	Planned for August/September 2014	
	5) Assess CHW knowledge and practice	Planned for August/September 2014	
2.1.b: Expand and strengthen COSAs	1) Engage with stakeholders supporting COSAs	Continuing, on track	
	2) Assess COSA status	Delayed, planned for August/September 2014	Part of facility formative assessments

Planned activities for Sub-CLIN 2.1 in Q3 – July to September 2014

- Explore factors impacting COSA functionality
- Map distribution and coverage of CHWs
- Assess CHW knowledge and practice

Sub-CLIN 2.2: Increased percent of facilities that provide quality integrated health and support services

Quarter 2 progress overview for Sub-CLIN 2.2

	Planned for Q2 (April – June)	Achievement and results	Comments
2.2.a: Provide support to help maintain critical public sector services supported under ROADS II, BMCHP, and FFP projects	1) BDS engagement	Continuing, on track	
	2) Inventory needs	Completed	
	3) Draft In-kind grants for supported BDS	Completed	
	4) Review, refine and sign grants with each BDS	Continuing, on track	
	5) Implement grants	Planned for August 2014	

	Planned for Q2 (April – June)	Achievement and results	Comments
2.2.b: Define and test initial package of promising interventions for service integration and improvement	1) Develop conceptual framework for “smart integration”	Continuing, on track	
	2) Review existing standards	Continuing, on track	
	3) Engage stakeholders and specialists	Planned for August 2014	
2.2.c: Use QI to test and roll-out select integrations and improvements	1) Engage with URC	Started, on track	
	2) Adapt QI model for IHPB	Continuing and on track	

2.2.a - Inventoried equipment needs for 173 IHPB health facilities (9 hospitals and 164 health centers)

During the reporting quarter, IHPB conducted a rapid assessment of materials and equipment needs in the health facilities of the 12 IHPB target health districts. In collaboration with target health district staff, the objective of the assessment was to better gauge supplies health facilities were equipped with in order to avoid duplication in equipping health facilities. Data from the assessment were analyzed to identify material and equipment needs for IHPB target health facilities, and a list of equipment to be ordered was drafted.

With this list, IHPB staff visited other MPHFA partners who have equipped health facilities in other provinces to get information on the quality and specifications required. IHPB also visited the MPHFA's department in charge of infrastructure and other departments (Expanded Program on Immunization, NMCP, etc.) to obtain addresses of potential local suppliers. IHPB will conduct site visits and assess their capacity to fulfill targeted procurement.

IHPB has drafted tender documents for all material and equipment, which will help provide integrated quality services in targeted health facilities.

2.2.b - Developed concept notes for three pilot studies on innovations to integrate service delivery as part of the IHPB innovation plan

As envisioned in the IHPB Innovation Plan approved by USAID, the project plans to carry out two rounds of pilot tests. The innovative pilot studies that will start in Year 2 of the project include: 1) Emergency Triage Assessment and Treatment strategy to decrease the child mortality rate in hospitals; 2) Integrated Community Case Management (iCCM) to decrease child mortality/increase early childhood disease management; and 3) Integration of Prevention of Mother-to-Child Transmission (PMTCT) and Early Infant Diagnosis (EID) of HIV into Routine Newborn and Child Health Care. The second round of studies will comprise at least two separate studies and will commence after Year 2.

2.2.b - Malaria

During the report period, IHPB started implementing malaria activities in earnest. It held a series of meetings with the NMCP that culminated in obtaining a letter guaranteeing to IHPB that malaria commodities (ACTs and RDTs) will be made available. The project is making preparations for starting Community Case Management (CCM) of malaria activities in Kirundo Health District. Specifically, activities planned for the quarter July – September 2014 are:

- Conduct one day provincial workshop on planning and sensitization of CCM of malaria in Kirundo health district, 70 participants

- Conduct one day community sensitization on CCM of malaria, (310 participants: 139 in Bugabira commune and 169 in Kirundo commune will attend). Participants are 41 chiefs of collines, 257 CHW, 9 supervisors' of Kirundo Health district, 3 health promotion technicians)
- Train trainers on CCM of malaria in Kirundo HD (16 health providers, 9 supervisors of Kirundo HD, 3 TPS, 1 IHPB staff, Kirundo HD director)
- Train CHW (198 CHW in Kirundo HD : 105 in Kirundo commune and 93 in Bugabira commune)
- Provide technical support to procurement staff to purchase material for equipment of CHW
- Provide technical support to ensure the quality of internship of CHW after trainings,
- Conduct the monthly meetings of CHW engaged in CCM of malaria at HF level,
- Provide supportive supervision to ensure quality of CCM of malaria implementation
- Provide technical assistance to develop implementation plan of IPTp,
- Train/refresher training to microscopists on correct malaria diagnosis

Planned activities for Sub-CLIN 2.2 in Q3 – July to September 2014

- Sign in-kind grants with 12 districts and begin procuring needed equipment and supplies
- Sign grants for service provision with four CSOs previously supported under ROADS
- Hold integration workshop to initiate IHPB service strengthening activities
- Begin trainings on FP/RH for service providers (Kayanza and Karusi) and CHWs (Muyinga and Kayanza)
- Provide supportive supervision to ensure quality of offering services (in the 4 provinces)
- Begin supervision of clinical IMCI and immunizations in Kayanza and Muyinga provinces
- Conduct monthly meetings of community based distributors of contraceptives (Kayanza, Muyinga, Kirundo)
- Train 32 trainers from the target provinces on focused ANC
- Train 120 providers on focused ANC in four target provinces
- Train 30 providers on basic emergency obstetric and neonatal care in target provinces
- Conduct formative supervision on active management of the third stage of labor in 20 facilities in Kayanza and Muyinga provinces
- Identify improved and integration structure for selected facilities and districts

Sub-CLIN 2.3: Increased capacity of providers and managers to provide quality integrated health services

Quarter 2 progress overview for Sub-CLIN 2.3

	Planned for Q2 (April – June)	Achievement and results	Comments
2.3.a: Strengthen human resource system for professional health staff, including managers, administrators and service providers	1) Review existing district HRH systems, procedures, and tools	Completed	
	2) Design HRH system elements of baseline assessment	Continuing, on track	
	3) Implement HRH system elements of baseline assessment	Delayed, planned for Aug-Sep	Data collection delayed

Planned activities for Sub-CLIN 2.3 in Q3 – July to September 2014

- Formative assessment and baseline data collection on human resource management systems
- Meeting with other partner projects working on HRH in the districts
- Implement HRH systems diagnostic and needs assessment as part of FAB, including reviewing existing human resources systems, procedures, and tools; and assessing existing training offerings and curricula versus provider, CHW, manager and administrator knowledge, skills and needs;
- Develop BDS capacity to assess HRH system strengthening needs through demonstration, mentorship and coaching
- Draft HRH system strengthening plans, as part of a broader project HSS plans

CLIN 3: Strengthened Health Systems and Capacity

Sub-CLIN 3.1: Strengthened decentralized health care and systems in targeted geographic areas

Quarter 2 progress overview for Sub-CLIN 3.1

	Planned for Q2 (April – June)	Achievement and results	Comments
3.1.a: Work collaboratively with Provincial and District Health Bureaus to progressively strengthen district-level capacity and performance in managing the decentralized health system	1) Review existing assessments and tools	Started and on track	
	2) Engage partners	Delayed, planned for September 2014	Partners not available
	3) Create summaries on district health systems structures and processes	Continuing and on track	
	4) BPS and BDS engagement	Continuing and on track	
	5) Design a district health system diagnostic (FAB 2)	Continuing and on track	
	6) Conduct district health system diagnostics	Delayed, planned for September 2014	Tools not finalized
3.1.b: Provide 12 districts with funding for seven HIV/AIDS indicators in Burundi PBF scheme	1) Sign agreements with BDS for PBF	Completed	
	2) Monitor and verify facility performance	Continuing, on track	
	3) Make monthly payments	Continuing on track	Monthly payments will start with June 2014 invoices
3.1.c: Provide TA to help strengthen the Burundi PBF scheme	1) Attend PBF TWG meetings	Continuing and on track	
	2) Provide TA to the MPHFA to review the costs of services	Delayed, planned for September 2014	
	3) Assess BPS and BDS PBF capacity	Delayed, planned for August/September 2014	
	4) Assess CPVV	Delayed, planned for August/September 2014	
3.1.d: Provide TA to develop and update protocols, policies and guidelines for integrated services	1) Identify needs for new or updated service policies/protocols/guidelines*	Started, planned for August/September 2014	Awaiting for integration workshop

3.1.b - Signed standard grants with 12 districts for IHPB to fund seven HIV/AIDS

Health Province	Health District	# of facilities	Total budget (BIF)
Karusi	Buhiga	16	74,121,600
	Nyabikere	15	33,990,600
Kayanza	Gahombo	13	28,431,900
	Musema	14	75,083,400
	Kayanza	13	65,713,900
Kirundo	Vumbi	12	53,377,450
	Mukenke	11	61,565,700
	Busoni	9	21,793,800
	Kirundo	13	46,704,000
Muyinga	Gashoho	12	35,771,750
	Giteranyi	13	33,055,750
	Muyinga	18	84,346,500
Total		159	613,956,350

indicators¹

During this quarter, IHPB worked on the development and negotiation of PBF sub-grants with the 12 health districts of the intervention zone. Following approval by the COR, IHPB signed standard grants for performance-based financing (PBF) with 12 IHPB target Health Districts - IHPB will start paying for HIV/AIDS indicators with the June 2014 invoices. For the period from June to December 2014, the provisional amount to be paid is summarized in the table to the left.

3.1.c Participated in PBF-related Meetings²

IHPB participated in the PBF evaluation workshop and three of the monthly meetings organized by the National PBF Unit/Cell:

- From June 18th to 20th, the National PBF Cell organized a three-day workshop to evaluate progress and collect opinions from the field regarding PBF implementation. This workshop was an opportunity to analyze strengths and weaknesses, opportunities and threats faced with PBF in order to make appropriate recommendations and policies to deal with them.
- After four years of PBF, the CTN and donors agreed to separate healthcare quality assessment from technical readiness assessment. The grids on healthcare quality assessment were finalized and implemented with the first quarter of 2014; while grids on technical readiness assessment – also called certification grids- are intended for use end of 2014. They were presented to the Extended PBF Cell for analysis and approval. Participants exchanged on the grids; and finally agreed to send comments for final editing. Participants also discussed possibilities to conduct a rigorous study on the benefits of PBF in the reinforcement of the responsiveness of the health system to Burundian needs.

¹ IHPB intends to provide grants, including in-kind grants, to non-governmental and governmental organizations, including districts and health facilities. In Y1, Grants, either using Fixed Obligation or Simple Grant format will be developed with Health District Bureaus (BDS) to support performance-based financing (PBF) (Sub-CLIN 3.1) and In-Kind Grants to support continuation of essential services (Sub-CLIN 2.2).

² After pilot studies of PBF in the provinces of Bubanza, Cankuzo and Gitega; PBF was scaled up in 2010. Among other targets, PBF aimed to (1) improve accessibility of health services; (2) improve the quality of health services and their responsiveness to beneficiaries needs and (3) motivate health providers. The PBF approach achieves these objectives through setting up a dynamic approach to health services management and delivery. Regular meetings gathering PBF donors and implementers on the one side and field implementers on the other side are scheduled to discuss progress and plan for the future.

3.1.d - Contributed to the development and validation of national reproductive health guidelines

From May 20th to May 23rd, the National Reproductive Health Program, in collaboration with the partners (UNFPA and KfW) involved in the field of reproductive health, organized a 4-day workshop devoted to the validation of 4 documents on national guidelines: (a) Guidelines on setting up health facilities for youth friendly services; (b) Guidelines on CBD of contraceptives; (c) Guidelines on outreach posts in order to increase CPR; and (d) Guidelines on Community PBF. An existing draft of the Guidelines on CBD of contraceptives was further refined and validated during the three-day meeting.

Planned activities for Sub-CLIN 3.1 in Q3 – July to September 2014

- Continue providing funding for the seven HIV/AIDS indicators in the 12 districts
- Assess strengths and weaknesses of the BPS and BDS in the implementation of PBF in the four target provinces
- Assess strengths and weaknesses of Provincial Verification and Validation Committees (CPVV) in the implementation of PBF in four target provinces
- IHPB agreed with the GOB to support the CPVV of Muyinga in the implementation of PBF activities including: quantitative verification and validation of data, support to community survey and support to restitutions.
- Update training materials to address the identified needs
- Support community survey monitoring and supervision in Muyinga Province
- Conduct assessment of existing community PBF schemes
- Provide TA to set up the youth health policy
- Provide technical support at the central level for the definition of guidelines on post abortion care

Sub-CLIN 3.2: Strengthened M&E and data management systems at facility and community levels

Quarter 2 progress overview for Sub-CLIN 3.2

	Planned for Q2 (April – June)	Achievement and results	Comments
3.2.a. Conduct District M&E System Diagnostic in 12 districts	1) Review existing M&E documents, reports, and assessments	Achieved	
	2) Engage BPS and BDS	Planned to be part of baseline and annual joint work planning	
	3) Design HIS elements of baseline assessment	Completed	
	4) Map national information systems and data flow	Completed	
	5) Train BPS and BDS staff on HIS assessment	Planned for Aug-Sep	
	6) Implement HIS elements of baseline assessment	Planned for Aug-Sep	
	7) Analyze data by district	Planned for Oct-Nov	

Planned activities for Sub-CLIN 3.2 in Q3 – July to September 2014

- Provide TA to BDSs on data quality audits and data use for decision making as part of the process of implementing the formative assessments

- Finalize and roll-out internal HIV-related database
- Disseminate and roll-out data collection and reporting tools recently updated by the National AIDS Control Program
- Work with the National AIDS Control Program to set up a HIV services related database for District Health Bureaus and possibly Provincial Health Bureaus in order to allow them to own and be able to use their data
- Assure that M&E Technical Officers participate in CPVV data validation activities
- Train district level supervisors on M&E basics and data quality verifications

Sub-CLIN 3.3: Increased civil society capacity to support positive behaviors and quality integrated services

Quarter 2 progress overview for Sub-CLIN 3.3

	Planned for Q2 (April – June)	Achievement and results	Comments
3.3.a: Execute sub-awards for 4-5 CSO partners instrumental in delivering community-based services under previous USAID-funded programs	1) Develop new program descriptions and budgets with local CSO partners	Started and on track	
	2) Conduct pre-award assessments	Completed	
	3) Develop local CSO sub-agreements	Completed	
	4) Sub-agreement signing	Signed with ANSS.	Awaiting USAID approval for 2 CSOs. IHPB yet to submit the ABUBEF sub-award to USAID.
3.3.b: Strengthen the technical and organizational capacity of the 4-5 CSO partners, working towards local partner transitions	1) Design the Local Partner Transition (LPT) program	Completed	
	2) Customize organizational and technical capacity assessment (see below)	Completed	
	3) Initiate and plan capacity self-assessment	Completed	

3.3.b - Produced a capacity self-assessment tool covering organizational and technical domains and planned capacity self-assessments for four CSOs

During the quarter April-June 2014, IHPB developed the CSO Organizational and Technical Capacity Self-Assessment tool as well as a draft set of criteria and a methodology for the Local Partner Transition Program, which will support and enable IHPB's local partners to transition to direct USAID funding.

The CSOs which will be involved in the capacity self-assessment are: Association Burundaise pour le Bien Etre Familial (ABUBEF), Association Nationale de Soutien aux Séropositifs et aux Sidéens (ANSS), Réseau Burundais des Personnes vivant avec le VIH (RBP+), and Society For Women Against AIDS in Africa (SWAA).

The capacity self-assessment will focus both on technical domains (HIV care and treatment; prevention of mother to child transmission of HIV; malaria; most at-risk populations; family planning, maternal, newborn and child health; and advocacy and community mobilization) and organizational domains (vision and mission, human resources; management resources, financial resources and external resources) as well. The capacity self-assessment will allow IHPB to develop Institutional Improvement

Plans with each CSO that will address capacity gaps and strengthen them as institutions. After a 10-14 month period, a modified version of this same assessment will be used for CSOs to review their progress and set priorities for further capacity development efforts.

Under the Local Partner Transition Program, draft criteria for transition developed this quarter state that CSOs should: (1) be local according to the PEPFAR definitions; (2) demonstrate a clear separation of governance and executive functions, (3) be in good standing with IHPB, (4) have satisfactory results from a programmatic assessment conducted in conjunction with IHPB, and (5) have a well-established accountability and policy framework for financial management and demonstrate basic proficiency for successful management of USAID agreements. IHPB received technical assistance for developing the assessment tools and Local Partner Transition criteria and methodology from Keith Aulick, an FHI 360 Technical Advisor for Leadership and Capacity Development based in Guinea.

Planned activities for Sub-CLIN 3.3 in Q3 – July to September 2014

- Complete capacity self-assessments and capacity strengthening plans for ABUBEF, ANSS, RBP+, and SWAA.
- Prioritize areas of investment and develop institutional improvement plans
- Implement institutional improvement plans for four CSOs

Project Management

Revised Year 1 Work Plan and LOP PMEP Submitted and Approved

The revised year 1 work plan and life of project (LOP) performance monitoring and evaluation plan (PMEP) was approved by the COR on May 5, 2014. The work plan presented planned activities, life-of-project (LOP) mandatory results and Year One (Y1) outputs by CLIN and Sub-CLIN, as well as planned formative analyses and baseline assessments (FABs). A logical framework summarizing Y1 activities, outputs and indicators and an overview of selected LOP activities also appear in the work plan. The PMEP described the project's comprehensive approach to monitoring and evaluation (M&E). Implementing the PMEP will provide USAID/Burundi, the Government of Burundi, other project partners, and the larger community with a record of evidence-based progress, results, and lessons learned for informed decision-making and project improvement. Through performance M&E, the project will measure, analyze, interpret and report on activities and outcomes to ensure effective implementation, performance monitoring and achievement of results.

Project Management Systems

During the reporting period, IHPB consortium members continued to establish management systems and structures to support the implementation of project activities that included: (a) the recruitment of staff - by June 30, 2014, IHPB had a total of 50 staff (48 permanent and 2 employees shared with the PMTCT Acceleration Project). (b) Sub-award contracts: Following approval from USAID's Contracting Officer (CO) to sub-contract, FHI 360, signed a Letter of Agreement with Pathfinder International and Panagora Group. (c) Procurement plan developed: IHPB finalized a procurement plan and initial steps were taken to procure needed supplies and equipment. Office equipment (computers and accessories) have been procured. IHPB obtained authorization from USAID to procure 10 vehicles.

Submitted Sustainability Plan

On June 4th, 2014, IHPB, in collaboration with the Ministry of Public Health and Fight against AIDS (MPHFA), organized a one-day workshop that brought together key partners (MPHFA, University Research Corporation, Society for Women Against AIDS, *Association Burundaise pour le Bien-Etre Familial*, and *Réseau Burundais des Personnes vivant avec le VIH*) including two USAID/Burundi health

team members to discuss strategies and develop a common understanding on the sustainability of project results. The workshop was officially launched by the Director of Health Programs, MPHFA.

On June 21, 2014, IHPB submitted its Sustainability Plan for review and approval by USAID. In the plan, IHPB presented the definition and a framework for sustainability that outlines how IHPB will implement and monitor activities that will contribute to sustainable impact and strengthen the capacity to achieve it over the course of the IHPB.

Submitted Innovation Plan

On June 21, 2014, IHPB submitted an Innovation Plan for review and approval by USAID. In the Innovation Plan, IHPB presented its definition and approach to innovation, outlined how IHPB, along with key stakeholders, will develop quick, high impact innovation studies, and will provide concept notes for three suggested innovation studies that will start in Year 2 (mentioned under CLIN 2 above).

Pipeline Analysis Broken Down by Funding Stream

IHPB has received 7,628,454 \$ in funding to date.

Amount sub-obligated to FHI 360 per funding streams		
<i>Funding stream</i>	<i>Amount</i>	<i>Comment</i>
Family Planning/ Reproductive Health (FP/RH)	1,634,763	First sub-obligation
HIV/AIDS	2,149,687	Second sub-obligation
Malaria	650,000	Second sub-obligation
Maternal and child health (MCH)	1,701,021	Second sub-obligation
FP/RH	1,492,983	Second sub-obligation
Total	7,628,454	

Problems Encountered/Solved or Outstanding:

Achievements registered during the quarter April – June 2014 can be attributed to the close working relationships with the central and peripheral structures of the MPHFA; quality and timely technical assistance from IHPB home office staff; and timely approvals by USAID of project deliverables and requests. Delays in approvals by the Protection of Human Subjects Committee and the Burundi Ethics Committee may contribute to delayed conduct of certain formative and baseline assessments.

Proposed solutions to new or ongoing problems: Not applicable.

Success Stories (if any): No success story/stories presented for the quarter.

Documentation of best practices:

Annex I: Quarterly PMEP indicators

[Note: Based on the clarification received from USAID at the July 23 meeting at IHPB, IHPB is in the process of collecting data for the January to June 2014 period, and will fill in the table with that data accordingly.]

No	Indicator	Disaggregation	Data Source	Collection Method	Baseline	Q1	Q2	Q3	Q4	Year 1 Target	LOP Target
	Process										
	Number of people trained in SBCC approaches	District, sex, age	Project training records	Document review	0					10	100
	Number of people reached with malaria related messages	District, sex, age	Facility records	Document review							
	Number of health communication materials developed, field tested, and disseminated for use	District, type of material	Material, project reports	Document review	0					2	0
	Output indicators										
	Percent of USG-assisted service delivery points (SDPs) that experience a stock out at any time during the reporting period of a contraceptive methods that the SDP is expected to provide [3.1.7.1-2]		LMIS	Document review						4	
1.2.2	Percent of PLHIV who received cotrimoxazole through home-based care kits		TBD	TBD	0						+75%
1.2.3	Percent of USG-assisted service delivery sites providing family planning counseling and/or services [3.1.7.1-3]		Facility records	Document review						70	+5%
	Process										
	Number of people trained in supply chain management	District	Project training records	Document reviewer	0					0	100
	Output indicators										
1.3.4 (GENDER_ NORM)	Number of people completing an intervention pertaining to gender norms, that meets minimum criteria										400
1.3.5 (GEND_G BV)	Number of persons receiving post-GBV care (Post-rape care, other post-GBV care, PEP)	Age, type of care	Facility records	Document review	150					150	+20%
	Process indicators										
	Number of facilities that provide PEP to GBV survivors	District	Facility records	Document review	7					7	34 by EoP
	Number of health providers trained in GBV case management	District	Training records	Document review	0						0 (136 by EoP)
	Outcome indicators										
2.0.1	Percent of targeted audiences who receive specific health services										+5%
2.0.1a	Number/percent of children who received DPT3 by 12 months of age in USG-Assisted programs [3.1.6-61]	District, sex	Facility records	Document review	94.6% DHS 2010					52000	
2.0.1b	Number/percent of women giving birth who received uterotronics in the third stage of labor through USG-supported	District, age	Facility records	Document review						1000	

No	Indicator	Disaggregation	Data Source	Collection Method	Baseline	Q1	Q2	Q3	Q4	Year 1 Target	LOP Target
	programs [3.1.6-64]										
2.0.1c	Number/percent of USG-supported facilities that provide appropriate life-saving maternity care (This will be defined as seven signal functions for BEmONC and nine signal functions for CEmONC)		Facility records	Document review						42	
2.0.1d	Number/percent of women reached with education on exclusive breastfeeding		Facility records	Document review						85000	TBD
2.0.1e	Proportion of women attending antenatal clinics who receive IPTp2 under direct observation of a health worker³	Age	Facility records	Document review	0					10 % of pregnant women	
2.0.1f	Proportion of pregnant women attending ANC who received ITNs	Age	Facility records	Document review	75 %					80 %	
2.0.1g	Proportion of children under five who received ITNs during measles immunization	Gender	Facility records	Document review	89 %					92 %	
2.0.1h	Proportion of children under five with fever who received ACT within 24 hours of onset of fever	Sex	Facility records	Document review	84					85	TBD
2.0.1i (SITE_SUP P)	Number of PEPFAR-supported DSD and TA sites (HTC, Treatment , care and support, PMTCT, TB/HIV, OVC, lab, PHDP)	Program area	District & Project records	Document review						171	186
2.0.1j	Percentage of PEPFAR-supported sites achieving 90% ARV or ART coverage for HIV+ pregnant women		Facility records	Document review						40%	90%
2.0.1k (PMTCT_S TAT_DSD)	Number and percent of pregnant women with known status [NGI]	Known/new	Facility records	Document review						94%	95%
2.0.1l (PMTCT_ ARV_DSD)	Percent of pregnant women who received antiretrovirals to reduce the risk of mother-to-child-transmission (MTCT) during pregnancy and delivery (DSD)	Prophylaxis type	Facility records	Document review						93%	95%
2.0.1m (GPY_PRE V_DSD)	Percent of the target population who completed a standardized HIV intervention including the minimum components during the reporting period	Age, sex	Facility records	Document review						40000	86000
2.0.1n (KP_PREV_DSD)	Percent of key populations reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards	Key population	Facility records	Document review						500	900
2.0.1o(HT C_TST_DS D)	Number of individuals who received Testing and Counseling (T&C) services for HIV and received their results	Test result, age, sex	Facility records	Document review						357023	389480
2.0.1p	Number of HIV-infected adults and children who received at	Age, sex	Facility records	Document						10071	19866

³ Assuming that SP would be available

No	Indicator	Disaggregation	Data Source	Collection Method	Baseline	Q1	Q2	Q3	Q4	Year 1 Target	LOP Target
(CARE_CU RR_DSD)	least one of the following during the reporting period: clinical staging or CD4 count or viral load			review							
2.0.1q (CARE_SIT E)	Percentage of PEPFAR-supported HIV clinical care sites at which at least 80% of PLHIV received all of the following during the reporting period: 1) clinical assessment (WHO staging) OR CD4 count OR viral load, AND 2) TB screening at last visit, AND 3) if eligible, cotrimoxazole									27%	90%
2.0.1r (TB_SCRE EN)	Percent of HIV-positive positive patients who were screened for TB in HIV care or treatment setting [NGI C2.4.D]	Age, sex	Facility records	Document review						61%	95%
2.0.1s (PMTCT_E ID)	Percent of infants born to HIV-positive women that receive a virological HIV test within 12 months of birth	Age at test (<2 months or 2-12 months)	Facility records	Document review						90%	95%
2.0.1t (TX_CURR_TA)	Number of adults and children receiving ART (TA only)	Age, sex	Facility records	Document review						4996	6651
	Output indicators										
2.1.2	Number of cases treated or referred by CHWs (Malaria, diarrhea, ARI, FP, malnutrition, iron for pregnant women)	District, case type	Facility records	Document review	TBD						TBD
2.1.2a	Number of children under five treated for malaria by CHWs (in a district in Kirundo)	District, type of worker, gender	Special study, post-training assessment	assessment, document review	0					0	
OVC_SERV_DSD	Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS				11935					11935	11935
	Process indicators										
FPINT_ST E	Family Planning and HIV Integration: Percentage of HIV service delivery points supported by PEPFAR that are directly providing integrated voluntary family planning services		Facility records	Document review						85%	90%
	Number of QI teams established and track monthly progress on improvement indicators		Reports, project records	Document review, site visits							TBD
	Output indicators										
2.3.1a	Number of health providers (nurses and medical doctors) trained on the new malaria treatment protocol	District, type of worker, gender	Special study, post-training assessment	assessment, document review						100	
2.3.1b	Number of CHWs trained to use IPTp communication tools	District, type of worker, gender	Special study, post-training assessment	assessment, document review							
2.3.1c	Number of CHWs trained in CCM of malaria	District, type of worker, gender	Special study, post-training assessment	assessment, document review						150	
	Process indicators										
	Percent of IHPB-supported trainings that are evaluated for effectiveness		Project records	Document review	0					100%	100%

No	Indicator	Disaggregation	Data Source	Collection Method	Baseline	Q1	Q2	Q3	Q4	Year 1 Target	LOP Target
	Number of health care workers who successfully completed an in-service training program (NGI H2.3.D)	District, topic area, gender, type of provider	Facility/district records, training records	Document review	0						TBD
	Number of community health/para-social workers who successfully completed a pre-service training program (NGI H2.2D)	District, topic area, gender	Facility/district records, training records	Document review	0						TBD
	Output indicators										
	Number of PEPFAR-supported testing facilities with capacity to perform clinical laboratory tests (clinical laboratory)									6	6
	Process indicators										
	Number of facilities that received new/updated national health policies, protocols, and guidelines	District	Product	Document review	0						
	Output indicators										
3.2.1	Percent of facilities that maintain timely reporting	District, province	District records, HMIS	Document review	TBD						+5%
3.2.2	Percent of provinces, districts and facilities that demonstrably use facility- and community-level data for timely decision making	Health level, district, province	Annual/quarterly plans, district review meetings	Document review	TBD						+10%
	Process indicators										
	Number of staff completing training on data quality assurance and data demand and use	District, province, staff type, technical area	Training records	Document review	0						

Annex II: IHPB participation in meetings/events

Date	Title of IHPB Staff Member	Theme of Meeting/Event
April 10-11, 2014	Quality Improvement Advisor	Improve and Validate Strategic Plan for Biomedical Waste Management
April 17-18, 2014	Reproductive Health/Family Planning Specialist	Improve and Validate CHW Training Manual on Community Based Distribution of FP Methods
April 4, 2014	Malaria Specialist	Present NMCP Achievements for the Quarter January – March 2014 and Planned Activities for April – June 2014
April 16-17, 2014	Malaria Specialist	Validate Guidelines for Fighting Malaria Vector in Burundi
April 24, 2014	Chief of Party (COP) and Deputy COP	PEPFAR/Burundi Partner's Meeting" organized by USAID/Burundi.
April 30, 2014	COP, DCOP, Integration Specialist and Malaria Specialist	World Malaria Day celebrations held on the grounds of newly built health center in Magara, Bujumbura Rural.
April 24, 2014	Performance Based Financing Advisor	Monthly National PBF Technical Unit meeting
May 12, 2014	Reproductive Health/Family Planning Specialist	Sensitize the Muyinga Population for Acceptability of Family Planning Methods
	COP, Deputy COP and Capacity Building Specialist	Africa Vaccination Week celebrations held on the grounds of Nyabikere District (Karusi Province).
May 12, 2014	Malaria Advisor	Analyze the epidemiological situation of malaria in Burundi and request for technical assistance for designing a concept note that MOH plans to submit to the Global Fund to Fight AIDS, TB and Malaria.
May 16, 2014	Malaria Advisor	Update progress and challenges on preparations for the mass nationwide LLIN distribution planned for June 2014
May 20-23, 2014	Reproductive Health/Family Planning Specialist	Validation workshop of the national guideline on CBD of contraceptives; set up youth-friendly services; community PBF; and set up secondary post to improve family planning prevalence rate
June 9, 2014	COP and DCOP	Launching of the mass countrywide long-lasting Insecticide-treated nets (LLIN) distribution held on the grounds of Gahombo Commune (Kayanza Province).
June 18-20 th , 2014	PBF Officer	Half-year evaluation of progress on national PBF
June 14, 2014	Reproductive Health/Family Planning Specialist	Maternal death audits organized by the National Reproductive Health Program
June 18, 2014	Reproductive Health/Family Planning Specialist	Development of the SOW for a consultant who will be hired in order to elaborate a national

		Strategy on adolescent health
June 16, 2014	PBF Advisor	Monthly Extended PBF Unit meeting
June 3, 2014	Health Systems Strengthening (HSS) Officer and Supply Chain Management (SCM) Specialist	Meeting organized by the Nation Expanded Program on Immunization to develop a plan to transition from the current Sibir (petrol/gas) fridge to the solar and electricity fridges.
June 19, 2014	Health Systems Strengthening (HSS) Officer	Meeting organized by the National Integrated Malaria Control Program, whose objective was the harmonization of microscopes (trade marks) to be procured for use by health facilities.
June 24, 2014	Malaria Specialist	Meeting with the head of Case Management Unit/NMCP
June 26, 2014	Deputy COP and Capacity Building Advisor	Meeting with UNICEF Health Specialist

Annex III: STTA and other visitors to IHPB

Name	Title	Dates	Purpose
Thad Pennas	Technical Advisor FHI 360	March 31- April 11, 2014	Provide technical and global expertise on Social Behavior Change Communications; provide training and mentoring to new staff; orient on SBCC approaches of the project
Todd Bachman ⁴	Associate Director, Purchases, FHI 360, North Carolina	April 10 to 23, 2014	Provide orientation on to the new procurement officer, train IHPB staff on procurement issues, initiate procurement processes for high priority/immediate procurement needs
Alexis Leonard	Malaria Technical Advisor President, Malaria Initiative (PMI) USAID/Washington	April 10, 2014	Discuss Malaria activities planned under IHPB
Megan Fotheringham	Public Health Advisor President, PMI, USAID/Washington		
Liévin Nsabiyumva	Program development Specialist (Malaria) USAID, Burundi		
Herménégil de Nzimenya	NMCP Coordinator	April 23, 2014	Planning for World Malaria Day celebrations planned for April 30, 14
Keith Aulick ⁵	Technical Advisor, Leadership and Capacity Development, FHI 360	May 12 - 21, 2014	Design CSO baseline assessment tool and develop local partner transition
Shaila Gupta ⁶	Business Manager, FHI 360	May 5- 18, 2014	Assist with FY 2015 budgeting and planning process
Dr. Liboire Ngrigi	Director General, Health Services and HIV/AIDS	June 9, 2014	Introduce the Director General to the IHPB strategies and approaches
Dr. Juma Ndereye	Director, National Program, Reproductive Health	June 13, 2014	Introduce the Director to the IHPB strategies and approaches including planned activities for year 1, with a focus on reproductive health
Dr. Jean M. Ntirandekura	Head, Health Promotion in Schools	June 27, 2014	Introduce the DPSHA team to the IHPB strategies and approaches including planned activities for year 1, with a focus on SBCC activities
Ms. Angelique Cishahayo	Advisor in DPSHA		
Ms. Aloys Ndizeye	Advisor in DPSHA		
Mr. Révérien Niragira	Member, DPSHA IEC Service Team		

⁴ The trip was totally funded by FHI 360 core funds

⁵ Technical support visit was meant for the PMTCT project which allowed Keith to also provide support to the IHPB to design baseline assessment tools

⁶ Trip was totally funded by FHI 360 core funds